

## **Mountain Home AFB Tour Request**

Groups/organizations should contact the Mountain Home AFB Office of Public Affairs by e-mail or phone at least 30 days prior to the event. This will allow us time to make your experience with us more fulfilling. We may ask the visiting group/organization to cover some of the cost associated with the event (i.e. water, meals, etc). Please note that all groups touring Mountain Home AFB are required to submit a complete list of legal names of those attending the tour at least 2 weeks prior to the tour and that on the day of the tour all persons 16 years and older must have a photo identification card with them.

Unfortunately, due to our mission and the volume of requests we receive, not all tours can be accommodated. All tours must also fit into the guidelines set forth by AFI 35-101.

Please submit the information requested information by fax, mail or e-mail to:

**Mail:** 366 FW/PA

366 Gunfighter Ave., Bldg 512

Mountain Home AFB, ID 83648-5260

**Phone:** (208) 828-6800

**Fax:** (208) 828-4205

**E-mail:** [366WGPA@mountainhome.af.mil](mailto:366WGPA@mountainhome.af.mil)

(Please include the dates of your visit and your group name in the subject line)

**Date of request:**

**Name of group to visit and approximate # of visitors:**

**Group Age Range:**

**Group/Organization Contact Info:**

**Name (including rank or civilian grade):**

**Phone Number:** (Day)

(Evening):

(Cell):

**Fax Number:**

**Email:**

**Date of Tour:** (Tours are conducted on Mountain Home AFB on Fridays only)

**Tour length:** (How many hours you have to spend on base? i.e. 1 p.m. to 4 p.m.)

**Purpose of Visit/Tour:** (Please provide a general description of why you would like to visit Mountain Home AFB and what you hope to accomplish.)

**What facilities/organizations would you like to visit:** (Please keep in mind the age range of your group. Youth tours do not always enjoy the longer history tours.)

**Any additional information:** (Does the group wish to have lunch on base at their own cost/ do people on the tour require special needs care.)

**For Internal Use:**

Group type: \_\_\_\_ (J)ROTC \_\_\_\_ Veterans \_\_\_\_ CLT \_\_\_\_ Congressional staffers

\_\_\_\_ School \_\_\_\_ Other

\_\_\_\_ Approved

Disapproved \_\_\_\_